

Errata for §170.302 (k) Submission to immunization registries

The purpose of this document is to record known technical corrections to v1.1 of the Submission to Immunization Registries test procedure. Errata for other test procedures are located in separate documents. Each erratum entry includes the following information:

- Entry number
- The date the errata was added to the document
- The test procedure version and date published
- The test procedure section
- A description of the correction
- The text prior to the revision and the revised text

1. Technical Correction to Data Set #1

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data Message Structures, TDMS170.302.k: Submission to Immunization Registries

Description: In Test Data Message Structures section, changed MSH-11.1 Processing ID from P to "Vendor-supplied" and deleted "FIXED" from Comments column

Text Prior to Revision:

Location	Data Element	Test Data	Comments	Table #
MSH-1	Field Separator		FIXED	
MSH-2	Encoding Characters	^~\&	FIXED	
MSH-3	Sending Application ¹			
MSH-3.1	Namespace ID	Vendor-Supplied		
MSH-3.2	Universal ID	Vendor-Supplied		
MSH-3.3	Universal ID Type	Vendor-Supplied		HL70301
MSH-4	Sending Facility ⁶			
MSH-4.1	Namespace ID	Vendor-Supplied		
MSH-4.2	Universal ID	Vendor-Supplied		
MSH-4.3	Universal ID Type	Vendor-Supplied		HL70301
MSH-5	Receiving Application ⁶			
MSH-5.1	Namespace ID	Vendor-Supplied		
MSH-5.2	Universal ID	Vendor-Supplied		
MSH-5.3	Universal ID Type	Vendor-Supplied		HL70301
MSH-6	Receiving Facility ⁶			

¹ For the data elements specified with the HD datatype, namely MSH-3, MSH-4, MSH-5, MSH-6, and PID-3.4 the following rule will apply: The parent element is required. This requirement may be satisfied in one of the following 3 ways. The first element of the HD datatype is populated, the second and third pair is populated, or all three elements are populated. Therefore the components of the HD datatype are indicated as conditional. For more information please consult the HL7 V2 standard.

Location	Data Element	Test Data	Comments	Table #
MSH-6.1	Namespace ID	Vendor-Supplied		
MSH-6.2	Universal ID	Vendor-Supplied		
MSH-6.3	Universal ID Type	Vendor-Supplied		HL70301
MSH-7.1	Date/Time of Message	Vendor-Supplied	Current time of the SUT	
MSH-9	Message Type		For version 2.3.1	
MSH-9.1	Message Code	VXU	FIXED	HL70076
MSH-9.2	Event Type	V04	FIXED	HL70003
MSH-9.3	Message Structure	VXU_V04	Optional	HL70354
MSH-9	Message Type		For version 2.5.1	
MSH-9.1	Message Code	VXU	FIXED	HL70076
MSH-9.2	Event Type	V04	FIXED	HL70003
MSH-9.3	Message Structure	VXU_V04	FIXED	HL70354
MSH-10	Message Control ID		Created by the SUT	
MSH-11.1	Processing ID	P	FIXED	HL70103
MSH-12.1	Version ID	2.3.1 or 2.5.1	FIXED	HL70104

Revised Text:

Location	Data Element	Test Data	Comments	Table #
MSH-1	Field Separator		FIXED	
MSH-2	Encoding Characters	^~\&	FIXED	
MSH-3	Sending Application ²			
MSH-3.1	Namespace ID	Vendor-Supplied		
MSH-3.2	Universal ID	Vendor-Supplied		
MSH-3.3	Universal ID Type	Vendor-Supplied		HL70301
MSH-4	Sending Facility ⁶			
MSH-4.1	Namespace ID	Vendor-Supplied		
MSH-4.2	Universal ID	Vendor-Supplied		
MSH-4.3	Universal ID Type	Vendor-Supplied		HL70301
MSH-5	Receiving Application ⁶			
MSH-5.1	Namespace ID	Vendor-Supplied		
MSH-5.2	Universal ID	Vendor-Supplied		
MSH-5.3	Universal ID Type	Vendor-Supplied		HL70301
MSH-6	Receiving Facility ⁶			
MSH-6.1	Namespace ID	Vendor-Supplied		
MSH-6.2	Universal ID	Vendor-Supplied		
MSH-6.3	Universal ID Type	Vendor-Supplied		HL70301

² For the data elements specified with the HD datatype, namely MSH-3, MSH-4, MSH-5, MSH-6, and PID-3.4 the following rule will apply: The parent element is required. This requirement may be satisfied in one of the following 3 ways. The first element of the HD datatype is populated, the second and third pair is populated, or all three elements are populated. Therefore the components of the HD datatype are indicated as conditional. For more information please consult the HL7 V2 standard.

Location	Data Element	Test Data	Comments	Table #
MSH-7.1	Date/Time of Message	Vendor-Supplied	Current time of the SUT	
MSH-9	Message Type		For version 2.3.1	
MSH-9.1	Message Code	VXU	FIXED	HL70076
MSH-9.2	Event Type	V04	FIXED	HL70003
MSH-9.3	Message Structure	VXU_V04	Optional	HL70354
MSH-9	Message Type		For version 2.5.1	
MSH-9.1	Message Code	VXU	FIXED	HL70076
MSH-9.2	Event Type	V04	FIXED	HL70003
MSH-9.3	Message Structure	VXU_V04	FIXED	HL70354
MSH-10	Message Control ID		Created by the SUT	
MSH-11.1	Processing ID	Vendor-Supplied		HL70103
MSH-12.1	Version ID	2.3.1 or 2.5.1	FIXED	HL70104

2. Technical Correction to Immunization Information – Data Set #2

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #2

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 15 to be in sync for data set #1-6.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	5667351009
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Anderson
Given Name	Vendor-supplied	Janet
Date of Birth	Vendor-supplied	September 30, 1986
Administrative Sex/Gender	Vendor-supplied	Female
Race	Vendor-supplied	White
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	3345 16th Street
City	Vendor-supplied	Fargo
State	Vendor-supplied	North Dakota
Zip Code	Vendor-supplied	58104
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	701-454-8989
Vaccine Administration Information		

Data Element	Test Data	NIST-supplied Examples
CVX Code	19	
Vaccine Name	Vendor-supplied	Bacillus Calmette-Guerin
Date/Time Start of Vaccine Administration	Vendor-supplied	May 12, 2010 1:30PM
Administered Amount	Vendor-supplied	1.0
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	L888355
Manufacturer Name	Vendor-supplied	ORGANON
Manufacturer Code	Vendor-supplied	OTC

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	5667351009
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Anderson
Given Name	Vendor-supplied	Janet
Date of Birth	Vendor-supplied	September 30, 1986
Administrative Sex/Gender	Vendor-supplied	Female
Race	Vendor-supplied	White
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	3345 16th Street
City	Vendor-supplied	Fargo
State	Vendor-supplied	North Dakota
Zip Code	Vendor-supplied	58104
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	701-454-8989
Vaccine Administration Information		
CVX Code	19	
Vaccine Name	Vendor-supplied	Bacillus Calmette-Guerin
Date/Time Start of Vaccine Administration	Vendor-supplied	April 5, 2010 4:00PM
Administered Amount	Vendor-supplied	1.0
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	L888355
Manufacturer Name	Vendor-supplied	ORGANON
Manufacturer Code	Vendor-supplied	OTC

3. Technical Correction to Immunization Information – Data Set #3

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #3

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 16 to be in sync for data set #1-6.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	686774009
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Takamura
Given Name	Vendor-supplied	Michael
Date of Birth	Vendor-supplied	19820815
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	Asian
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	3567 Maple Street
City	Vendor-supplied	Oakland
State	Vendor-supplied	California
Zip Code	Vendor-supplied	94605
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	510-665-8876
Vaccine Administration Information		
CVX Code	43	
Vaccine Name	Vendor-supplied	Hepatitis B, Adult
Date/Time Start of Vaccine Administration	Vendor-supplied	June 25, 2010
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	686774009
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Takamura

Data Element	Test Data	NIST-supplied Examples
Given Name	Vendor-supplied	Michael
Date of Birth	Vendor-supplied	19820815
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	Asian
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	3567 Maple Street
City	Vendor-supplied	Oakland
State	Vendor-supplied	California
Zip Code	Vendor-supplied	94605
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	510-665-8876
Vaccine Administration Information		
CVX Code	43	
Vaccine Name	Vendor-supplied	Hepatitis B, Adult
Date/Time Start of Vaccine Administration	Vendor-supplied	July 1, 2010 10:30AM
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		

4. Technical Correction to Immunization Information – Data Set #4

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #4

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 17 to be in sync for data set #1-6.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	774009153
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Sinclair
Given Name	Vendor-supplied	John
Date of Birth	Vendor-supplied	19871012
Administrative Sex/Gender	Vendor-supplied	Male

Data Element	Test Data	NIST-supplied Examples
Race	Vendor-supplied	Black or African American
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	3567 Maple Street
City	Vendor-supplied	Elizabeth City
State	Vendor-supplied	North Carolina
Zip Code	Vendor-supplied	27909
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	252-227-5887
Vaccine Administration Information		
CVX Code	15	
Vaccine Name	Vendor-supplied	Influenza, split virus
Date/Time Start of Vaccine Administration	Vendor-supplied	May 26, 2010 11:00AM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	U6007
Manufacturer Name	Vendor-supplied	NOVARTIS
Manufacturer Code	Vendor-supplied	NOV

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	774009153
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Sinclair
Given Name	Vendor-supplied	John
Date of Birth	Vendor-supplied	19871012
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	Black or African American
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	3567 Maple Street
City	Vendor-supplied	Elizabeth City
State	Vendor-supplied	North Carolina
Zip Code	Vendor-supplied	27909
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	252-227-5887
Vaccine Administration Information		
CVX Code	15	

Data Element	Test Data	NIST-supplied Examples
Vaccine Name	Vendor-supplied	Influenza, split virus
Date/Time Start of Vaccine Administration	Vendor-supplied	April 5, 2010 4:00PM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	U6007
Manufacturer Name	Vendor-supplied	NOVARTIS
Manufacturer Code	Vendor-supplied	NOV

5. Technical Correction to Immunization Information – Data Set #6

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #6

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 19 to be in sync for data set #1-6.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	987488015
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Whiteagle
Given Name	Vendor-supplied	Adam
Date of Birth	Vendor-supplied	19800321
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	American Indian or Alaska Native
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	354 Glacier Road
City	Vendor-supplied	Anchorage
State	Vendor-supplied	Alaska
Zip Code	Vendor-supplied	99505
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	907-755-2189
Vaccine Administration Information		
CVX Code	03	
Vaccine Name	Vendor-supplied	Measles Mumps Rubella Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	March 2, 2010
Administered Amount	Vendor-supplied	999

Data Element	Test Data	NIST-supplied Examples
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	987488015
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Whiteagle
Given Name	Vendor-supplied	Adam
Date of Birth	Vendor-supplied	19800321
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	American Indian or Alaska Native
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	354 Glacier Road
City	Vendor-supplied	Anchorage
State	Vendor-supplied	Alaska
Zip Code	Vendor-supplied	99505
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	907-755-2189
Vaccine Administration Information		
CVX Code	03	
Vaccine Name	Vendor-supplied	Measles Mumps Rubella Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	July 1, 2010 10:30AM
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		

6. Technical Correction to Immunization Information – Data Set #7

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #7

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 21 to be in sync for data set #7-10.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	787478017
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	James
Given Name	Vendor-supplied	Wanda
Date of Birth	Vendor-supplied	19810430
Administrative Sex/Gender	Vendor-supplied	Female
Race	Vendor-supplied	White
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	574 Wilkins Road
City	Vendor-supplied	Shawville
State	Vendor-supplied	Pennsylvania
Zip Code	Vendor-supplied	16873
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	814-575-2819
Vaccine Administration Information		
CVX Code	52	
Vaccine Name	Vendor-supplied	Hepatitis A, Adult
Date/Time Start of Vaccine Administration	Vendor-supplied	July 1, 2010 10:30AM
Administered Amount	Vendor-supplied	1
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	HAB9678V1
Manufacturer Name	Vendor-supplied	GLAXOSMITHKLINE
Manufacturer Code	Vendor-supplied	SKB
Vaccine Administration Information		
CVX Code	03	
Vaccine Name	Vendor-supplied	Measles Mumps Rubella Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	March 2, 2010
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	787478017
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	James
Given Name	Vendor-supplied	Wanda
Date of Birth	Vendor-supplied	19810430
Administrative Sex/Gender	Vendor-supplied	Female
Race	Vendor-supplied	White
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	574 Wilkins Road
City	Vendor-supplied	Shawville
State	Vendor-supplied	Pennsylvania
Zip Code	Vendor-supplied	16873
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	814-575-2819
Vaccine Administration Information		
CVX Code	52	
Vaccine Name	Vendor-supplied	Hepatitis A, Adult
Date/Time Start of Vaccine Administration	Vendor-supplied	July 1, 2010 10:30AM
Administered Amount	Vendor-supplied	1
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	HAB9678V1
Manufacturer Name	Vendor-supplied	GLAXOSMITHKLINE
Manufacturer Code	Vendor-supplied	SKB
Vaccine Administration Information		
CVX Code	03	
Vaccine Name	Vendor-supplied	Measles Mumps Rubella Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	July 1, 2010 10:30AM
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		

7. Technical Correction to Immunization Information – Data Set #8

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #8

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 22 to be in sync for data set #7-10.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	9787478015
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Tyler
Given Name	Vendor-supplied	Christine
Date of Birth	Vendor-supplied	19880728
Administrative Sex/Gender	Vendor-supplied	Female
Race	Vendor-supplied	Black or African American
Ethnic Group	Vendor-supplied	Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	766 Bohem Street
City	Vendor-supplied	Marshalltown
State	Vendor-supplied	Iowa
Zip Code	Vendor-supplied	50158
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	641-225-8190
Vaccine Administration Information		
CVX Code	19	
Vaccine Name	Vendor-supplied	Bacillus Calmette-Guerin
Date/Time Start of Vaccine Administration	Vendor-supplied	May 12, 2010 1:30PM
Administered Amount	Vendor-supplied	1.0
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	L888355
Manufacturer Name	Vendor-supplied	ORGANON
Manufacturer Code	Vendor-supplied	OTC
Vaccine Administration Information		
CVX Code	15	
Vaccine Name	Vendor-supplied	Influenza, split virus
Date/Time Start of Vaccine Administration	Vendor-supplied	May 26, 2010 11:00AM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	U6007

Data Element	Test Data	NIST-supplied Examples
Manufacturer Name	Vendor-supplied	NOVARTIS
Manufacturer Code	Vendor-supplied	NOV

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	9787478015
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Tyler
Given Name	Vendor-supplied	Christine
Date of Birth	Vendor-supplied	19880728
Administrative Sex/Gender	Vendor-supplied	Female
Race	Vendor-supplied	Black or African American
Ethnic Group	Vendor-supplied	Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	766 Bohen Street
City	Vendor-supplied	Marshalltown
State	Vendor-supplied	Iowa
Zip Code	Vendor-supplied	50158
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	641-225-8190
Vaccine Administration Information		
CVX Code	19	
Vaccine Name	Vendor-supplied	Bacillus Calmette-Guerin
Date/Time Start of Vaccine Administration	Vendor-supplied	April 5, 2010 4:00PM
Administered Amount	Vendor-supplied	1.0
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	L888355
Manufacturer Name	Vendor-supplied	ORGANON
Manufacturer Code	Vendor-supplied	OTC
Vaccine Administration Information		
CVX Code	15	
Vaccine Name	Vendor-supplied	Influenza, split virus
Date/Time Start of Vaccine Administration	Vendor-supplied	April 5, 2010 4:00PM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	MI
Vaccine Lot Number	Vendor-supplied	U6007
Manufacturer Name	Vendor-supplied	NOVARTIS
Manufacturer Code	Vendor-supplied	NOV

8. Technical Correction to Immunization Information – Data Set #9

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #9

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 23 to be in sync for data set #7-10. Removed 'country' from test data set.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	78015669
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Singer
Given Name	Vendor-supplied	Carlton
Date of Birth	Vendor-supplied	19781015
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	White
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	677 Tylar Street
City	Vendor-supplied	Blanchard
State	Vendor-supplied	Oklahoma
Zip Code	Vendor-supplied	73010
Country	Vendor-supplied	USA
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	405-255-9229
Vaccine Administration Information		
CVX Code	43	
Vaccine Name	Vendor-supplied	Hepatitis B, Adult
Date/Time Start of Vaccine Administration	Vendor-supplied	June 25, 2010
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		
Vaccine Administration Information		
CVX Code	03	
Vaccine Name	Vendor-supplied	Measles Mumps Rubella Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	March 2, 2010
Administered Amount	Vendor-supplied	999

Data Element	Test Data	NIST-supplied Examples
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	78015669
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Singer
Given Name	Vendor-supplied	Carlton
Date of Birth	Vendor-supplied	19781015
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	White
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	677 Tylar Street
City	Vendor-supplied	Blanchard
State	Vendor-supplied	Oklahoma
Zip Code	Vendor-supplied	73010
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	405-255-9229
Vaccine Administration Information		
CVX Code	43	
Vaccine Name	Vendor-supplied	Hepatitis B, Adult
Date/Time Start of Vaccine Administration	Vendor-supplied	July 1, 2010 10:30AM
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		
Manufacturer Code		
Vaccine Administration Information		
CVX Code	03	
Vaccine Name	Vendor-supplied	Measles Mumps Rubella Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	July 1, 2010 10:30AM
Administered Amount	Vendor-supplied	999
Administered Units		
Vaccine Lot Number		
Manufacturer Name		

Data Element	Test Data	NIST-supplied Examples
Manufacturer Code		

9. Technical Correction to Immunization Information – Data Set #10

Date: December 3, 2010

TP Version: Version 1.1, September 24, 2010

TP Section: Test Data, Immunization Information – Data Set #10

Description: Vaccine administration date/time test data updated in the NIST supplied examples on page 25 to be in sync for data set #7-10.

Text Prior to Revision:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	97833566
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Brown
Given Name	Vendor-supplied	Mark
Date of Birth	Vendor-supplied	19880617
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	Black or African American
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	799 Newton Street
City	Vendor-supplied	Augusta
State	Vendor-supplied	Maine
Zip Code	Vendor-supplied	04330
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	207-959-2228
Vaccine Administration Information		
CVX Code	33	
Vaccine Name	Vendor-supplied	Pneumococcal Polysaccharide Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	April 5, 2010 4:00PM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	ml
Vaccine Lot Number	Vendor-supplied	1039A
Manufacturer Name	Vendor-supplied	MERCK
Manufacturer Code	Vendor-supplied	MSD
Vaccine Administration Information		
CVX Code	15	
Vaccine Name	Vendor-supplied	Influenza, split virus

Data Element	Test Data	NIST-supplied Examples
Date/Time Start of Vaccine Administration	Vendor-supplied	May 26, 2010 11:00AM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	ml
Vaccine Lot Number	Vendor-supplied	U6007
Manufacturer Name	Vendor-supplied	NOVARTIS
Manufacturer Code	Vendor-supplied	NOV

Revised Text:

Data Element	Test Data	NIST-supplied Examples
ID Number	Vendor-supplied	97833566
ID Number Type	Vendor-supplied	Medical Record
Family Name/Surname	Vendor-supplied	Brown
Given Name	Vendor-supplied	Mark
Date of Birth	Vendor-supplied	19880617
Administrative Sex/Gender	Vendor-supplied	Male
Race	Vendor-supplied	Black or African American
Ethnic Group	Vendor-supplied	Not Hispanic or Latino
Patient Address		
Street Address	Vendor-supplied	799 Newton Street
City	Vendor-supplied	Augusta
State	Vendor-supplied	Maine
Zip Code	Vendor-supplied	04330
Address Type	Vendor-supplied	Mailing
Telecommunication Use Code	Vendor-supplied	PRN
Telephone Number - Home	Vendor-supplied	207-959-2228
Vaccine Administration Information		
CVX Code	33	
Vaccine Name	Vendor-supplied	Pneumococcal Polysaccharide Vaccine
Date/Time Start of Vaccine Administration	Vendor-supplied	April 5, 2010 4:00PM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	ml
Vaccine Lot Number	Vendor-supplied	1039A
Manufacturer Name	Vendor-supplied	MERCK
Manufacturer Code	Vendor-supplied	MSD
Vaccine Administration Information		
CVX Code	15	
Vaccine Name	Vendor-supplied	Influenza, split virus
Date/Time Start of Vaccine Administration	Vendor-supplied	April 5, 2010 4:00PM
Administered Amount	Vendor-supplied	0.5
Administered Units	Vendor-supplied	ml

Data Element	Test Data	NIST-supplied Examples
Vaccine Lot Number	Vendor-supplied	U6007
Manufacturer Name	Vendor-supplied	NOVARTIS
Manufacturer Code	Vendor-supplied	NOV